

Enfield Recreation Division: Program Registration Form

Please fill out the registration form completely. [Follow registration instructions.](#)

PARENT/LEGAL GUARDIAN NAME: _____

ADDRESS: _____ **PHONE:** _____

IN CASE OF EMERGENCY (other than parent/guardian):

CONTACT NAME

TELEPHONE NUMBER

HEALTH CONCERNS: _____

1. PARTICIPANT'S NAME: _____

AGE: _____ DOB: _____ SEX: _____

PROGRAM NAME: _____ FEE: _____

LOCATION: _____ DAY: _____ TIME: _____ START DATE: _____

Alternate Choice: _____

2. PARTICIPANT'S NAME: _____

AGE: _____ DOB: _____ SEX: _____

PROGRAM NAME: _____ FEE: _____

LOCATION: _____ DAY: _____ TIME: _____ START DATE: _____

Alternate Choice: _____

RELEASE AND WAIVER

In consideration for participating in the above-referenced program/activity sponsored by the Recreation Division of the Town of Enfield, I hereby waive and release the Town of Enfield, its agents, officers and employees, whether paid or voluntary, from and against any and all claims, suits, actions, damages, liabilities, costs, expenses and or judgments, including attorney's fees and court costs, which may arise from my or my child's participation in the above-referenced program/activity or any illness or injury resulting there from, either directly or incidentally.

I hereby represent that I understand and am familiar with the nature and type of activities in which I or my child will participate as part of the above-referenced program/activity. I further represent that I am, or my child is, in good physical and mental health condition and that I am unaware of any physical or other health condition that would affect my or my child's ability to participant in the above-referenced program/activity.

I acknowledge that I will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury.

I have read this document and understand and agree to its terms and conditions.

PARTICIPANT/PARENT/LEGAL GUARDIAN SIGNATURE

DATE

DID YOU INCLUDE THE FOLLOWING?

Separate Checks

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Proof of Residency

—

Self-Addressed Stamped Envelope

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Complete Form

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